

PREPARED BY	INITIALS	DATE
APPROVED BY	INITIALS	DATE

PROVIDER NAME:	PROGRAM NAME:		PROGRAM NUMBER:	PROGRAM AUDIT DATE:
EMPLOYEE:	SALARY \$	RATE \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	AUDIT PERIOD

A. DOCUMENTATION REVIEWED: ☐ Employee Timesheets ☐ Agency Payroll Records ☐ Personnel File ☐ Other

Date Hired:	Date Terminated:
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In file? ☐ YES ☐ NO Dates: _____ FP submission _____ Association _____ Exemption
Child Abuse Index

Duties: ☐ CCS ☐ First Line Supervisor ☐ Other ☐ Admin/Ex. Director

Comments:

☐ 0 - 23 months (.15) ☐ 24 - 47 months (.30) ☐ 48+ months (.45)

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Resume/Application ☐ YES ☐ NO Other - Specify: _____ ☐ YES ☐ NO

Past Employer Certification ☐ YES ☐ NO

Comments:

If weighting is different from provider's weighting: ☐ experience not applicable ☐ experience not documented

☐ 0 - 59 Units (.00) ☐ AA - Behavioral Science (.25) ☐ BA - Other (.35)

☐ BA - Behavioral Science (.45) ☐ MA Degree (.55)

☐ 0 - 59 Units (.00) ☐ AA - Behavioral Science (.25) ☐ BA - Other (.35)

☐ BA - Behavioral Science (.45) ☐ MA Degree (.55)

☐ Diploma ☐ Official Transcripts ☐ Certification from Educational Institution ☐ Foreign Degree

If weighting different from provider's weighting: ☐ Cannot verify units/degree ☐ Foreign degree not evaluated for equivalency

☐ Degree not from accredited or approved institution ☐ Degree not in a behavioral science

Comments: